

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		5				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		2				
21		1				
22		1				
23		1				
24	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	39					
TOTAL CLAIMS	43					

51						
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